



Authorization Agreement -- Automatic Payments (ACH Debits)

Thank you for your interest in having your financial gift automatically drafted from your bank account. Please complete the following information to initiate this process.

Account Information:

Name: _____

Type of Account: _____ Checking _____ Savings

Bank Name: _____

Routing Number: _____ Account Number: _____

Please attach a copy of a voided check to this form.

Gift Information:

Frequency of Gift: _____ Weekly on _____ (day of week – example: Fridays)
_____ Monthly on _____ (specific day of the month – example: 15th)
_____ One-Time Gift

Amount to Debit: \$ _____ (Note: Amount to be debited each time.)

Beginning Date: _____

Ending Date: _____

Do you wish to receive an e-mail reminder prior to the transaction? _____ Yes _____ No

E-Mail Address: _____

I hereby authorize Samaritan Community Center to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) account as indicated above. I also authorize the financial institution named above to credit and/or debit the same to such account.

Signature

Date

***Please return this form and voided check to: Samaritan Community Center
Attn: Accounting Dept.
P.O. Box 939
Rogers, AR 72757***

